APPLICATION		

Effective October 1, 2003

Application or Docket Number

									1/ 0		(10	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA TYPE		YTITY	OR	OTHER		
Τ.	OTAL CLAIMS		(Coldinii)		10010	:]	RA		FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMB	BASI		 		BASIC FEE	770.00	
	TAL CHARGEA	ABLE CLAIMS			*		XS	9-		OR	X\$18=	
 					*		-			Un		
	DEPENDENT CL		minus 3 =		<u> </u>		X4	3=		OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	HESENI				+14	5=		OR	+290=	
* If	the difference	in column 1 is	iess than ze	ero, enter	"0" in c	column 2	TO	ΓAL		OR	TOTAL	
	С	LAIMS AS A	MENDED	- PAR' (Colur		(Column 3)	SMA	ALL I	ENTITY	OR	OTHER SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 59	Minus	** *	55	= 4	X\$	9=	36,00	OR	X\$18=	
MEN	Independent	. 2	Minus	***	3	=	X4:	3=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		+14	5=		OR	+290=	
								DTAL	36,00	OR	TOTAL ADDIT, FEE	
	•	(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT.	FEEI		•	ADDII. 1 EE I	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.51	Minus	** 5	-9	= L	X\$	9=		OR	X\$18=	
AME	Independent	. 2	Minus	***	3	=	X4:	3= .		OR	X86=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM		+14	5=		OR	+290=	
							T(ADDIT.	TAL FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)_			•			•
ENTC		CLAIMS REMAINING AFTER AMENDMENT	ŕ	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 51	Minus	** 5	9	=	X\$:	9=		OR	X\$18=	
ME	Independent	· 2	Minus	***	3		X43	=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA			CLAIM		+14				+290=		
	If the entry in column 1 is less than the entry in column 2, write "f" in column 3.									OR		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APPLICATION FEE DETERMINATION RECORL Effective October 1, 2000

Application or Docket Number

09/856795

CLAIMS AS FILED - PART I								SMALL	ENTITY		0.7111					
_	(Column 1) (Column 2)							TYPE		OF		R THAN LENTITY				
	TOTAL CLAIMS							RATE	FEE	7	RATE	FEE				
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 430	OF	BASIC FE					
Ľ	TOTAL CHARGEABLE CLAIMS			ninus 20=	•	32		X\$ 9=	288	OF	X\$18=					
IN	DEPENDENT C	CLAIMS	2	ninus 3 =	٠	~		X40=	1810	1	Vás	 				
М	MULTIPLE DEPENDENT CLAIM PRESENT .								 	OR	` -					
-1	* If the difference in column 1 is less than zero, enter "0" in column 2						•	+135=	-	OR						
	CLAIMS AS AMENDED - PART II							TOTAL		JOR						
	(Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMALL ENTITY							
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
AMENDMENT	Total	. 53	Minus	.5	2	= 3		X\$ 9=	27:15	OR	X\$18=					
AM	Independent FIRST PRESE	NTATION OF M	Minus ULTIPLE DE	PENDENT	3 CLAIM			X40=	ं र अस्तिहरू	OR	X80=	·				
				*		411	e	+135=	11 A	ОЯ	+270=					
		(Calumn 4)		.	a 1		A	TOTAL DDIT. FEE	21,00	OR	TOTAL ADDIT. FEE					
	1. 1. 1. 1. 1. 1. 1.	(Column 1) CLAIMS		(Colum		(Column 3)) _F			di	•					
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL				
AMENDMENT	Total	· 53	Minus	" 5	5	= /		X\$ 9=	27:00	OR	X\$18=	_FEE				
AME	Independent	. 2	Minus	•••	3_	= -		X40=	7-(100	OR	X80=					
	FIRST PRESE	NTATION OF MI	JETIPLE DEI	PENDENT (CLAIM		 -	.105	· ·							
					•		L	+135= TOTAL	27,00	OR	+270=					
		(Column 1)	•	(Columi	n 2\	(Calumn 0)	Αl	DOIT. FEE	0 1100	OR A	ODIT. FEE					
ပ		CLAIMS	The second second	HIGHE	ST	(Column 3)	_	<u> </u>								
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL				
	Total	. 55	Minus	" 5	5	= ~~	T-	X\$ 9=		OR	X\$18=	FEE				
		2	Minus	3		=	 -	X40=		·	X80=					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	Λυυ=					
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						Ŀ	+135=	(OR	∔270 =.	•				
****	the "Highest Nun	nber Previously Pa nber Previously Pa	id For IN THIS id For IN THIS	S SPACE IS IN S SPACE IS IN	ess than	20, enter "20."		TOTAL DIT. FEE			TOTAL DIT. FEE					
. •	inginistratifi	rei Freviousiy Paid	Lot floratot	ingependent) is the i	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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